

C-03
VENT. FIBRILLATION/
PULSELESS V-TACH

**For Polymorphic Wide-Complex
Tachycardia, refer to
Torsades [C-09]**

First Responder
EMT
AEMT
Paramedic

**If VF/VT persists despite the initial (above) therapies,
OR changes in appearance (different morphology) →
Apply defibrillation pads at NEW SITES
and re-attempt defibrillation**

If history is
concerning for:

Acidosis
(After 3rd Epi)


Sodium Bicarbonate 1 mEq/kg

Hyperkalemia
(renal failure,
wide QRS)

**Sodium Bicarbonate 1 mEq/kg
AND
Calcium (Chloride or Gluconate)
1 gram (Peds: 20 mg/kg)**

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IF VF/VT persists, continue
resuscitation & contact MC

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VF/VTACH NOTES

- Cardiac resuscitation on a patient in VF/pVT or who had a shockable rhythm (or AED defibrillation) during resuscitation **cannot** be terminated by the Termination of Resuscitation guideline [X-02].
 - Contact online medical control for termination or other online orders
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- **THE treatment for VF/VT is cardioversion/defibrillation.**
 - Medications (e.g. Amiodarone) improve the likelihood of ROSC but have little if any effect on survival.
 - If VF/VT does not convert with 2-3 defibrillation attempts, replace electrodes/pads and place them in a different position (i.e. if placed right chest/apex, then attempt anterior-posterior placement)
 - Automatic Internal Defibrillator:
 - If a patient's internal defibrillator is firing/shocking VF/VT appropriately and successfully (i.e. converts rhythm at least temporarily), continue other resuscitative efforts and allow it to continue to do so.
 - If it is not successfully converting the dysrhythmia, consider transthoracic (*normal*) defibrillation with pads placed at least 1" away from defibrillator.
 - If the patient appears to grimace or respond at all to shocks, please provide sedation per guidelines [RX-03].
 - **Polymorphic VTach (i.e. Torsades)** should always assumed to be unstable and should be defibrillated immediately, as per Torsades [C-09].

QI Review Parameters:

1.